



# CAVANBAH CENTRE

## Authority to charge CREDIT CARD

I, ....., the undersigned, authorise

**Byron Shire Council (Cavanbah Centre)** to charge amounts indicated to the following credit card:

Amount:        \$.....

Payment for: .....  
.....  
.....

<b>CONTACT NAME:</b>		
<b>ADDRESS:</b>		
<b>PHONE:</b>	<b>MOBILE:</b>	<b>FAX:</b>

### PAYMENT SLIP

I wish to pay by             MASTERCARD             VISA  
Expiry date \_\_\_\_/\_\_\_\_

Card Number                        

I authorise a credit card fee of 0.42% to be added to the above amount.

		/ /
CARDHOLDER'S NAME	SIGNATURE	DATE

Please return to FAX 6680 8782 or email [info@cavanbah.byron.nsw.gov.au](mailto:info@cavanbah.byron.nsw.gov.au) or

**Mail to:            Cavanbah Centre  
                         249 Ewingsdale Road  
                         Byron Bay NSW 2481**